

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021650

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 15

FILED MAY 16 1962

1. PLACE OF DEATH

a. COUNTY

Shelby

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Shelbina

Length of stay in 1b

44 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Shelby

c. CITY
OR TOWN

Shelbina

d. STREET
ADDRESS308 East Spruce
Shelbina Mo

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Elmer

Middle

Lynn

Last

Tanner

4. DATE OF DEATH

Month

May

Day

11th 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/7/1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Mechanic & Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Auto Parts

11. BIRTHPLACE (City and state or country)

Shelbina Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frank Tanner

13b. MOTHER'S MAIDEN NAME

Roxie Griggs

14. NAME OF HUSBAND OR WIFE

Marge Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Marge Tanner Shelbina Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Massive coronary occlusion

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 8, 1962 to May 11, 1962 and last saw her alive on May 10, 1962

Death occurred at 2:00 AM May 11, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.A. Mikalenich D.O.

22b. ADDRESS

Shelbina Mo

22c. DATE SIGNED

5/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/13/1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Shelbina

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Barkelaw & Davis Shelbina Mo

25. DATE RECD. BY LOCAL REG.

May 11, 1962

26. REGISTRAR'S SIGNATURE

Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 18 1962

MAY 17 1962

Permit Obtained 5-11-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Derry A. Barkley
Licensed Embalmer No. 3835

P. O. Address Shelbina-Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.